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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

LINDA COOPER, Individually, and
on Behalf of the Estate of Decedent,
Elina Quinn Branco,

Plaintiff,
V.

COUNTY OF SAN LUIS OBISPO,
ET AL.,

Defendants.

No. 2:24-cv-08187-CV-AJR

**MEMORANDUM DECISION
AND ORDER GRANTING IN
PART PLAINTIFF'S MOTION
TO COMPEL RELEASE OF
MEDICAL CHARTS UNDER
THE CURRENT PROTECTIVE
ORDER (DKT. 137)**

I.

INTRODUCTION

This is a civil rights lawsuit seeking damages for the death of Elina Quinn Branco, a patient who died while under a 5150 psychiatric hold at the San Luis Obispo County Crisis Stabilization Unit (the “CSU”). (Dkt. 103 at 10-18.) Plaintiff Linda Cooper (“Plaintiff”) is Ms. Branco’s biological mother, successor-in-interest, and personal representative of Ms. Branco’s estate. (*Id.* at 2.) Plaintiff brings claims on behalf of herself and Ms. Branco’s estate alleging: (1) deliberate indifference to a substantial risk of harm to health in violation of the Fourteenth Amendment; (2) failure to provide safe conditions in violation of the Fourteenth

1 Amendment; (3) state created danger in violation of the Fourteenth Amendment; (4)
2 supervisory liability under 42 U.S.C. § 1983; (5) neglect of a dependent adult under
3 California Welfare & Institutions Code §§ 15610.57 & 15657; (6) negligent
4 training, supervision, and retention under California law; (7) failure to train, as well
5 as unconstitutional policy, custom, or practice under 42 U.S.C. § 1983; (8) parental
6 interference in violation of the Fourteenth Amendment; and (9) wrongful death
7 under California law. (Id. at 1, 24-40.) Plaintiff names as defendants: (1) the
8 County of San Luis Obispo; (2) the CSU; (3) Sierra Mental Wellness Group; (4)
9 Josh Simpson; (5) Savannah Williams; (6) Jason Hooson; (7) Shelle Watson; (8)
10 Janet Brown; (9) Bonnie Sayers; (10) Julia Tidik; (11) Bethan Aurioles; (12)
11 Savannah Williams; and (13) Does 1 through 10 (collectively, the “Defendants”).
12 (Id. at 5-9.)

13 The case is currently in the discovery phase and the current Fact Discovery
14 Cut-Off is November 7, 2025. (Dkt. 138.) Presently before the Court is Plaintiff’s
15 Motion to Compel Release of Medical Charts Under the Current Protective Order
16 (the “Motion to Compel”) filed on August 11, 2025. (Dkt. 137.) In the Motion to
17 Compel, Plaintiff seeks the production of records reflecting the acuity levels of
18 clients admitted to the CSU between October 2023 and May 2024. (Id. at 2.) On
19 August 25, 2025, the County of San Luis Obispo (the “County”) filed an Opposition
20 to the Motion to Compel (the “Opposition”). (Id. at 140.) On August 29, 2025,
21 Plaintiff filed a Reply to the Opposition (the “Reply”). (Dkt. 141.) For the reasons
22 set forth below, the Court GRANTS IN PART Plaintiff’s Motion to Compel. (Dkt.
23 137.)

24
25 **II.**

26 **LEGAL STANDARD**

27 Federal Rule of Civil Procedure 26(b)(1) governs the scope of discovery in
28 federal cases and provides that parties may obtain discovery regarding any

1 nonprivileged matter that is relevant to any party's claim or defense. Federal Rule
2 of Evidence 401 provides that evidence is relevant if: "(a) it has any tendency to
3 make a fact more or less probable than it would be without the evidence; and (b) the
4 fact is of consequence in determining the action." Relevance under Rule 26(b)(1) is
5 defined broadly. See, e.g., Snipes v. United States, 334 F.R.D. 548, 550 (N.D. Cal.
6 2020); V5 Techs. v. Switch, Ltd., 334 F.R.D. 306, 309 (D. Nev. 2019) (noting that
7 relevance for discovery purposes remains broad even after the 2015 amendments to
8 the Federal Rules of Civil Procedure), aff'd sub nom., V5 Techs., LLC v. Switch,
9 LTD., 2020 WL 1042515 (D. Nev. Mar. 3, 2020). In addition to relevance, Rule
10 26(b)(1) requires that discovery be proportional to the needs of the case.
11 Proportionality is determined by a consideration of the following factors: "the
12 importance of the issues at stake in the action, the amount in controversy, the
13 parties' relative access to relevant information, the parties' resources, the
14 importance of the discovery in resolving the issues, and whether the burden or
15 expense of the proposed discovery outweighs its likely benefit." Fed. R. Civ. P.
16 26(b)(1). "Information within this scope of discovery need not be admissible in
17 evidence to be discoverable." Id.

18 Federal Rule of Civil Procedure 34(a) provides that a party may serve on
19 another a request for production of documents, electronically stored information, or
20 tangible things within the scope of Rule 26(b). Where a party fails to produce
21 documents requested under Rule 34, the requesting party may move to compel
22 discovery. Fed. R. Civ. P. 37(a). "Upon a motion to compel discovery, the movant
23 has the initial burden of demonstrating relevance." Nguyen v. Lotus by Johnny
24 Dung Inc., 2019 WL 3064479, at *2 (C.D. Cal. June 5, 2019) (internal quotation
25 marks omitted). "Thereafter, the party opposing discovery has the burden of
26 showing that the discovery should be prohibited, and the burden of clarifying,
27 explaining or supporting its objections." Garces v. Pickett, 2021 WL 978540, at *2
28 (E.D. Cal. Mar. 16, 2021). "The opposing party is required to carry a heavy burden

1 of showing why discovery was denied.” Id. (internal quotation marks omitted).
2 Specifically, the party opposing discovery must show that the requested discovery is
3 unreasonably cumulative or duplicative, or can be obtained from some other source
4 that is more convenient, less burdensome, or less expensive, the party seeking
5 discovery has had ample opportunity to obtain the information by discovery in the
6 action, or the proposed discovery is outside the scope permitted by Rule 26(b)(1).
7 See Fed. R. Civ. P. 26(b)(2)(C). The opposing party must specifically detail the
8 reason why the request is improper. See Beckman Indus., Inc. v. Int'l Ins. Co., 966
9 F.2d 470, 476 (9th Cir. 1992) (“Broad allegations of harm, unsubstantiated by
10 specific examples or articulated reasoning, do not satisfy the Rule 26(c) test.”
11 (internal quotation marks omitted)).

III.

DISCUSSION

Plaintiff's Request for Production No. 103 to the County states as follows:

103. Produce all DOCUMENTS consisting of medical records for all San Luis Obispo CSU admitted and/or rejected clients from July 1, 2023 to October 1, 2024, including but not limited to, charting notes, hospital emergency records, ER discharge notes, ER diagnosis, hospital and referring facility records, history of present illness, toxicology records, 5150 probable cause declaration, admission notes, rejection notes, reason for admission, CSU admission logs, CSU charts, CSU monitoring charts, CSU monitoring logs, CSU discharge notes, discharge logs, medication approval and review records. *All client names, social security, DOB's and addresses may be redacted to preserve confidentiality and anonymity of clients. Any objection based on 3rd party confidentiality or HIPPA violations is trumpeted by Federal discovery rules which favors disclosure of evidence, condemns discovery gamesmanship, and favors the litigants' rights to engage in*

1 *discovery reasonably calculated to lead to the disclosure of admissible*
2 *evidence in support and/or defense of the subject claims in the present*
3 *lawsuit. Specifically, considering the recent testimonies and evidence of*
4 *admission of higher acuity level clients, as separately delineated in*
5 *Plaintiff's proposed First Amended Complaint. Plaintiff is entitled to*
6 *request and review all prior CSU client medical records to analyze, with the*
7 *assistance of her experts, their activity level and fitness to be admitted to the*
8 *CSU. Further all produced records, redacted for confidentiality, will fall*
9 *under the current Federal Protective Order limiting its use to the subject*
10 *litigation and accessible only to the parties and their expert witnesses.*

11 (Dkt. 137-5 at 6-7.) The County responded to this request with the following
12 objections: (1) relevance; (2) overbroad; (3) unduly burdensome; (4) invades the
13 rights of privacy of third parties; (5) disclosure would violate a court order; (6) the
14 request violates Federal Rule of Civil Procedure 34(b)(1)(A) as it does not “describe
15 with reasonable particularity each item or category of items” to be produced; (7) the
16 request seeks documents protected from disclosure under the California
17 Confidentiality of Medical Information Act; (8) the request seeks information
18 protected from disclosure by California Civil Code Section 56, *et seq.*; (9) the
19 request seeks information protected from disclosure by the Landerman-Petris-Short
20 Act; (10) the request seeks information protected under the Health Insurance
21 Portability and Accountability Act of 1996 or a patient’s right of privacy under 45
22 C.F.R. § 164.512; (11) the request seeks information protected under 42 C.F.R. §
23 2.13(a); (12) in seeking drug and alcohol services records, the request further
24 violates federal confidentiality laws and regulations under 42 C.F.R. Part 2; and (13)
25 the request violates the right to privacy under the California Constitution. (Dkt.
26 140-1 at 25-27.)

27 For purposes of the Motion to Compel, Plaintiff has narrowed her request to
28 “records reflecting the acuity levels of clients admitted to and rejected by the CSU

1 between October 2023 and May 2024.” (Dkt. 141 at 2.) For the reasons set forth
2 below, the Court concludes that Plaintiff has met her initial burden of demonstrating
3 relevance for records of patients admitted to the CSU who were detoxifying from
4 drugs or alcohol. The Court further concludes that the County has not met its
5 burden of demonstrating that the medical records should not be produced pursuant
6 to a confidentiality designation and with appropriate redactions. Finally, the Court
7 concludes that proportionality principles require the categories of documents
8 requested by Plaintiff to be narrowed and clarified. Thus, the Court GRANTS IN
9 PART Plaintiff’s Motion to Compel by directing the County to produce specific
10 categories of medical records within fourteen days.

11 **A. Plaintiff Has Met Her Initial Burden Of Demonstrating Relevance For**
12 **Records Of Patients Admitted To The CSU Who Were Detoxifying From**
13 **Drugs Or Alcohol.**

14 Plaintiff contends that Defendants were deliberately indifferent to Ms.
15 Branco’s serious medical conditions when they admitted her to the CSU for
16 monitoring and nevertheless failed to carry out even the most basic monitoring.
17 (Dkt. 103 at 3.) Plaintiff points to deposition testimony from certain defendants as
18 well as third-party witnesses who have testified that both Sierra Mental Wellness
19 Group and the County sought to “increase the census” by admitting more clients to
20 the CSU, and by implication taking on detoxifying clients including drug and
21 alcohol to meet their higher census requirement. (Dkt. 137 at 4.) Plaintiff contends
22 that medical records relating to the medical and psychological needs of clients
23 admitted to and rejected by the CSU from October of 2023 to May of 2024 are
24 relevant to show that Defendants admitted clients beyond the care level that the
25 CSU was equipped to provide. (*Id.* at 6.)

26 Specifically, Plaintiff alleges several unconstitutional practices by the County
27 pursuant to Monell v. N.Y. City Dep’t of Soc. Serv., 436 U.S. 658, 691 (1978), that
28 it knowingly accepted higher acuity patients including detoxing patients above the

1 safe management of the CSU in an overall theme of retaining their contract with
2 Sierra Mental Wellness Group, the contractor in charge of operating the CSU. (Dkt.
3 103 at 36-38.) Plaintiff alleges that the County and Sierra Mental Wellness Group
4 knew that the CSU routinely lacked registered nurses to clinically evaluate clients
5 with underlying medical conditions, knew that the CSU was minimally supervised
6 and managed, and that the night shift staff routinely failed to comply with required
7 monitoring and welfare checks, knew that the individual defendants had not been
8 trained adequately in monitoring, documenting and assessing medically unstable
9 patients within the confines of a short-term crisis facility, and that this failure to
10 train led to the reckless treatment and care of Ms. Branco, ultimately resulting in her
11 death. (Id. at 37.) Plaintiff further alleges that the County and Sierra Mental
12 Wellness Group had a custom, practice, and policy of relying on non-medically
13 trained staff to routinely medically assess clients with co-morbid medical conditions
14 which was a violation of California nursing and medical standards, medical state
15 laws, and the illegal practice of nursing without the proper credentials, training, and
16 experience, all at the expense to clients' health and safety. (Id.)

17 In Monell, the Supreme Court explained "that a municipal entity cannot be
18 held liable *solely* because it employs a tortfeasor—or, in other words, a municipality
19 cannot be held liable under § 1983 on a *respondeat superior* theory." Monell, 436
20 U.S. at 691. Instead, a municipality may be held liable under Section 1983 only if
21 the alleged wrongdoing was committed pursuant to a municipal policy, custom, or
22 practice. See id. at 694; see also Horton by Horton v. City of Santa Monica, 915
23 F.3d 592, 603-04 (9th Cir. 2019) ("[M]unicipalities may be liable under § 1983 for
24 constitutional injuries pursuant to . . . a pervasive practice or custom."). "A section
25 1983 plaintiff may attempt to prove the existence of a custom or informal policy
26 with evidence of repeated constitutional violations for which the errant municipal
27 officials were not discharged or reprimanded." Gillette v. Delmore, 979 F.2d 1342,
28 1349 (9th Cir. 1992). Once a plaintiff establishes the existence of a municipal

1 policy, custom, or practice, the plaintiff must still “show a direct causal link between
2 [the] policy or custom and the alleged constitutional deprivation.” Bell v. Williams,
3 108 F.4th 809, 824 (9th Cir. 2024) (internal quotation marks omitted). “One way of
4 doing so is by showing that the municipality demonstrated deliberate indifference to
5 constitutional rights when it trained its employees. This requires proof that a
6 municipal actor disregarded a known or obvious consequence of his action.” Id.
7 (internal quotation marks omitted). “And a failure-to-train theory of Monell liability
8 usually requires a pattern of similar constitutional violations by untrained
9 employees.” Vanegas v. City of Pasadena, 46 F.4th 1159, 1167 (9th Cir. 2022)
10 (internal quotation marks omitted).

11 As explained above, evidence of a pattern of similar constitutional violations
12 is relevant to show the existence of a municipal policy, custom, or practice, as well
13 as a municipality’s failure to train its employees. See Gillette, 979 F.2d at 1349;
14 Vanegas, 46 F.4th at 1167. Moreover, evidence of a known or obvious risk of harm
15 is relevant to show a municipality’s deliberate indifference. See Castro v. Cnty. of
16 Los Angeles, 833 F.3d 1060, 1076 (9th Cir. 2016) (“Where a § 1983 plaintiff can
17 establish that the facts available to city policymakers put them on actual *or*
18 *constructive notice* that the particular omission is substantially certain to result in the
19 violation of the constitutional rights of their citizens, the dictates of Monell are
20 satisfied.” (internal quotation marks omitted)). Therefore, the Court concludes that
21 evidence showing that the CSU admitted patients with acuity beyond the level of
22 care that the CSU was equipped to provide would be relevant because it would show
23 actual or constructive notice of a substantial risk of harm. Plaintiff specifically
24 contends that the patients with acuity beyond the level of care that the CSU was
25 equipped to provide were those patients detoxifying from drugs or alcohol. (Dkt.
26 103 at 20 (“The CSU was never intended to perform as a detox or residential
27 treatment center nor capable medically to safely manage clients who either had
28 recently overdosed or were in active drug or alcohol withdrawals.”).) Therefore, the

1 Court concludes that relevance is limited to those patients detoxifying from drugs or
2 alcohol.¹ By contrast, it is unclear to the Court why evidence of the acuity of
3 patients rejected by the CSU would be relevant.²

4 In sum, the Court concludes that records reflecting the acuity levels of
5 patients admitted to the CSU between October 2023 and May 2024 who were
6 detoxifying from drugs or alcohol would be relevant to establish Plaintiff's Monell
7 claims. See Hallett v. Morgan, 296 F.3d 732, 751 (9th Cir. 2002) ("As we have
8 explained, broad discretion is vested in the trial court to permit or deny discovery,
9 and its decision to deny discovery will not be disturbed except upon the clearest
10 showing that denial of discovery results in actual and substantial prejudice to the
11 complaining litigant." (internal quotation marks and brackets omitted)). Because
12 Plaintiff has met her initial burden of establishing relevance, the Court must next
13 determine whether the County has met its "heavy burden" of showing why the
14 discovery sought should be denied. See Garces, 2021 WL 978540, at *2 (internal
15 quotation marks omitted).

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19 ¹ Plaintiff appears to clarify in her Reply that the medical records she is seeking
20 are "limited to clients detoxifying from alcohol and drugs." (Dkt. 141 at 6.)

21 ² In the Notice, Plaintiff only references "records reflecting the acuity levels of
22 clients admitted to Defendant's facility between October 2023 and May 2024."
(Dkt. 137 at 2.) Plaintiff later asserts that "records relating to the medical and
23 psychological needs of clients admitted to and rejected by the CSU over time are
critical evidence relevant to the issues of the case." (Id. at 4.) But Plaintiff never
24 explains why records related to clients rejected by the CSU would be relevant. To
the contrary, Plaintiff argues that the records sought by the Motion to Compel "are
25 directly relevant to Plaintiff's claims that Defendant admitted clients beyond the
care level the facility was equipped to provide." (Id. at 6; see id. ("Records
26 reflecting the acuity levels of admitted clients between September 2023 and May
2024 are the most direct evidence of whether Defendant placed clients above the
care level it was fit to provide.").) The Court believes that only records of admitted
27 clients are relevant to show that the CSU admitted patients beyond the level of care
the facility was equipped to provide.

1 **B. The County Has Not Met Its Burden Of Demonstrating That The**
2 **Medical Records Should Not Be Produced Pursuant To A Confidentiality**
3 **Designation And With Appropriate Redactions.**

4 The County’s “primary concern” is that Plaintiff’s request for medical records
5 “invades the privacy rights of third parties.” (Dkt. 140 at 4.) Because the Court
6 concludes that the requested medical records are relevant to Plaintiff’s federal civil
7 rights claims under Monell, the Court applies federal law in assessing the privacy
8 rights of the third-party patients at issue. See Fed. R. Evid. 501; Agster v. Maricopa
9 Cnty., 422 F.3d 836, 839-40 (9th Cir. 2005) (“Where there are federal question
10 claims and pendent state law claims present, the federal law of privilege applies.”).
11 The County agrees that federal law applies here and relies on the five-factor test for
12 constitutional privacy of medical information articulated in Seaton v. Mayberg, 610
13 F.3d 530, 539 (9th Cir. 2010). (Dkt. 140 at 4.) The Court finds this test to be a
14 useful way of balancing Plaintiff’s interest in obtaining the medical records against
15 the third-party patients’ privacy interest and therefore will also utilize the test here.

16 As articulated by the Ninth Circuit, “[t]he test is to balance the following
17 factors to determine whether the [requesting party’s] interest in obtaining
18 information outweighs the individual’s privacy interest: (1) the type of information
19 requested, (2) the potential for harm in any subsequent non-consensual disclosure,
20 (3) the adequacy of safeguards to prevent unauthorized disclosure, (4) the degree of
21 need for access, and (5) whether there is an express statutory mandate, articulated
22 public policy, or other recognizable public interest militating toward access.”
23 Seaton, 610 F.3d at 539 (internal quotation marks omitted). With regard to the first
24 factor, the parties and the Court agree that the information requested contains highly
25 sensitive information since Plaintiff is specifically seeking medical records. (Dkt.
26 140 at 4; Dkt. 141 at 4.) But the Court also agrees with Plaintiff that the sensitivity
27 of the information sought has to be considered in light of the adequacy of safeguards
28 to prevent unauthorized disclosure, which is the third factor. (Dkt. 141 at 4.)

1 With regard to the second factor, the County appears to suggest there is
2 potential for harm from a non-consensual disclosure because this lawsuit has
3 received media coverage. (Dkt. 140 at 5.) But the County fails to explain how the
4 existence of media coverage for this lawsuit creates a potential for harm from the
5 County producing medical records to Plaintiff, especially because the County can
6 designate those records as confidential pursuant to the Stipulated Protective Order in
7 this case.³ (Dkt. 74.) Indeed, in Seaton, the Ninth Circuit found “[n]o serious
8 potential for harm from the disclosure” because “[d]isclosure [wa]s limited to the
9 parties and the court, and the [medical records] remain[ed] confidential for all other
10 purposes.” Seaton, 610 F.3d at 539.

11 With regard to the third factor, the County acknowledges that the existence of
12 the Stipulated Protective Order means that “[t]his factor does weigh in favor of
13 disclosure.” (Dkt. 140 at 5.) Indeed, courts routinely find that protective orders are
14 adequate safeguards to prevent unauthorized disclosure when medical records are
15 produced. See, e.g., Leprino Foods Co. v. Avani Outpatient Surgical Ctr., Inc., 2024
16 WL 4488711, at *15 (C.D. Cal. Sept. 30, 2024) (“[T]o the extent the Court has ruled
17 that Bedford must produce items as to which it has asserted privacy/third party
18 privacy/HIPAA objections, it has determined that whether considered under state or
19 federal privacy law, Plaintiffs’ need for the information sought outweighs the
20 privacy right of Bedford/third parties and that privacy concerns can adequately be
21 protected by the Stipulated Protective Order entered in this action.”). The Stipulated
22 Protective Order in this case is also sufficient to address any concern related to the
23 Health Insurance Portability and Accountability Act (“HIPAA”), 42 C.F.R. §

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³ To the extent the County suggests that the CSU might suffer reputational harm,
28 (Dkt. 140 at 5), the Court rejects this suggestion since the CSU closed in October of
2024. (Dkt. 140-2 at 3.)

2.13(a), or 42 C.F.R. Part 2.⁴ See, e.g., A.H. v. Cnty. of Los Angeles, 2023 WL 3035349, at *4 (C.D. Cal. Jan. 19, 2023) (“Given the protective order in place, Court is likewise unpersuaded by Plaintiffs’ assertion that HIPAA bars disclosure of these records.”); Gonzalez v. Marks, 2009 WL 179779, at *3 (E.D. Cal. Jan. 26, 2009) (“Under HIPAA, disclosure is permitted, *inter alia*, pursuant to a court order, subpoena, or discovery request when the healthcare provider receives satisfactory assurance from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order.” (internal quotation marks and ellipses omitted)); see also 42 U.S.C. §§ 290dd-2(b)(2)(C) (permitting disclosure of substance abuse and mental health records pursuant to court order that imposes “appropriate safeguards against unauthorized disclosure”). Moreover, the County can further protect the privacy interests of the third-party patients by redacting any personally identifiable information (“PII”) from the records before production.⁵ See, e.g., Briggs v. Adel, 2020 WL 4003123, at *16 (D. Ariz. July 15, 2020) (“Courts in the Ninth Circuit have generally held that a medical patient’s right to privacy may be protected while still allowing the disclosure of private medical records if the records are properly redacted.”).

With regard to the fourth factor, the County appears to contend that Plaintiff’s need for the medical records is low because “Plaintiff is not litigating the rights of any person apart from [Ms.] Branco” and “Plaintiff has no standing to recover damages for injuries to other clients of the CSU.” (Dkt. 140 at 5.) However, the Court has already concluded that records reflecting the acuity levels of patients

⁴ If the County believes that the Stipulated Protective Order requires additional language, it can meet and confer with the parties and file a stipulated amendment. If the parties cannot agree on such amendment, if needed, then the County can reach out to the Court and request an informal discovery conference.

⁵ The parties should meet and confer to reach agreement on what constitutes PII. If the parties cannot agree, they should reach out to the Court and request an informal discovery conference.

1 admitted to the CSU between October 2023 and May 2024 who were detoxifying
2 from drugs or alcohol would be relevant to establish Plaintiff's Monell claims.
3 Indeed, the County appears to acknowledge that records relating to patients
4 detoxifying from drugs and alcohol would be relevant to Plaintiff's claims. (Id. at 6
5 ("This statement shows Plaintiff focusing on records relating to drug and alcohol
6 detoxification, not heightened acuity.").) Thus, the County argues that "[i]f Plaintiff
7 needs records, they should be limited to client records showing drug results, not to
8 the entire client files." (Id.) As set forth above, the Court has already narrowed the
9 scope of relevant records to those patients who were admitted to the CSU and who
10 were also detoxifying from drugs or alcohol. The Court will consider further
11 narrowing the scope of records actually produced in the context of assessing
12 proportionality below.

13 Finally, with regard to the fifth factor, the County correctly notes that
14 "[w]hile HIPAA does not encourage disclosure of medical information, it does
15 afford litigants a way to allow the information to be produced without violating the
16 regulation." (Id.) Thus, the Court agrees with the County that "[t]his factor is
17 neutral." (Id.) In sum, the Court concludes that the balance of factors weighs in
18 favor of disclosure so long as the records are produced under a confidentiality
19 designation under the terms of the Stipulated Protective Order and the County
20 redacts any PII. Because the County has not met its burden of demonstrating that
21 the discovery sought should be denied, the Court will now consider proportionality
22 before ordering the County to produce medical records. See Fed. R. Civ. P.
23 26(b)(2)(C).

24 **C. Proportionality Principles Require The Categories Of Documents**
25 **Requested By Plaintiff To Be Narrowed And Clarified.**

26 As set forth above, Rule 26(b)(1) requires that discovery be both relevant and
27 proportional to the needs of the case, "considering the importance of the issues at
28 stake in the action, the amount in controversy, the parties' relative access to relevant

1 information, the parties' resources, the importance of the discovery in resolving the
2 issues, and whether the burden or expense of the proposed discovery outweighs its
3 likely benefit." Fed. R. Civ. P. 26(b)(1). The County contends that Plaintiff's
4 request for all medical records reflecting the acuity levels of clients is overbroad
5 because "Plaintiff's motion provides no description of acuity or what specific
6 records should be produced." (Dkt. 140 at 7.) Thus, the County contends that it
7 would need to conduct a detailed review of medical records to determine which
8 documents to produce and that "[t]his problem leads to the undue burden on the
9 County." (Id.)

10 However, Plaintiff appears to have narrowed her request "to a discrete
11 category of documents—acuity scoring forms, tox results, withdrawal assessment,
12 substance use diagnoses, diagnosis of substance abuse or other records tracking
13 patient care levels at admission." (Dkt. 137 at 8.) The Court concludes that these
14 specifically identified categories are sufficiently clear (with some additional
15 guidance from the Court) so that the County can quickly identify which documents
16 to produce and redact them for PII. With regard to acuity scoring forms, the Court
17 recognizes that the County appears to state that such a form may not be present in
18 every patient's medical record. (Dkt. 140-2 at 3.) However, the County is only
19 obligated to produce such a form if it is present in the medical record. With regard
20 to toxicology results, the County should produce any medical record that contains
21 the results of a toxicology test. Indeed, the County admits that such records "would
22 be helpful." (Dkt. 140-2 at 4.) Of course, the County only has to produce such
23 records if they exist. (Id. ("If the client were a walk-in, there would not necessarily
24 be a toxicology report.").) With regard to withdrawal assessments, these records
25 would also be highly relevant and should be produced, if they exist. With regard to
26 "substance use diagnoses" and "diagnosis of substance abuse," these appear to be
27 the same thing. (Dkt. 137 at 8.) Therefore, the County should produce any medical
28 record that contains a diagnosis of substance abuse, if such a record exists. Finally,

1 with regard to “other records tracking patient care levels at admission,” (*id.*), the
2 Court will narrow this category to simply require the County to produce the
3 admission paperwork for each responsive patient. Indeed, the County acknowledges
4 that “[w]hen clients are admitted to the CSU, there is admission paperwork that is
5 prepared.” (Dkt. 140-2 at 3.)

6 In sum, the Court concludes that the County must produce the following
7 specific records for each responsive patient: (1) any acuity scoring form; (2) any
8 medical record that contains the results of a toxicology test; (3) any withdrawal
9 assessment; (4) any medical record that contains a diagnosis of substance abuse; and
10 (5) any paperwork for admission to the CSU. If the County is uncertain whether a
11 specific document qualifies as falling within one of these categories, the County can
12 submit the record to the Court for *in camera* review. The Court concludes that these
13 specific categories of documents are proportional to the needs of the case, as well as
14 sufficiently narrow and clear to overcome the County’s overbreadth and burden
15 objections.

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17 **IV.**

18 **CONCLUSION**

19 Consistent with the foregoing, Plaintiff’s Motion to Compel is GRANTED IN
20 PART. (Dkt. 137.) Specifically, the Court rules as follows:

21 The County must produce certain categories of medical records for patients
22 admitted to the CSU between October 2023 and May 2024 who were detoxifying
23 from drugs or alcohol: (1) any acuity scoring form; (2) any medical record that
24 contains the results of a toxicology test; (3) any withdrawal assessment; (4) any
25 medical record that contains a diagnosis of substance abuse; and (5) any paperwork
26 for admission to the CSU. These records should be redacted to remove all PII and
27 should be designated as confidential pursuant to the terms of the Stipulated
28 Protective Order. (Dkt. 74.) These records must be produced by **October 20**,

1 2025.⁶

2 Finally, the Court notes that neither side sought an award of expenses with
3 regard to this discovery dispute. (Dkts. 137, 140, 141.) Under Federal Rule of Civil
4 Procedure 37(a)(5)(C), where a motion to compel is granted in part, the court has
5 discretion to apportion reasonable expenses for the motion. The Court exercises its
6 discretion to decline to award expenses for this motion. The Court's conclusion is
7 based on the fact that the categories of documents sought by Plaintiff were not
8 entirely clear and required both narrowing and clarification by the Court. Moreover,
9 Plaintiff's document request implicates the privacy rights of third-party patients and
10 therefore, the County's objections to the document request as initially drafted were
11 substantially justified.

12 IT IS SO ORDERED.

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14 DATED: October 6, 2025

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16 HON. A. JOEL RICHLIN
17 UNITED STATES MAGISTRATE JUDGE

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28 ⁶ The Court anticipates that the universe of responsive records is going to be
fairly limited, but the number of patients admitted to the CSU between October
2023 and May 2024 who were detoxifying from drugs or alcohol is not clear from
the information contained in the briefing. Therefore, if the County believes that the
universe of responsive records is too large to complete production by this deadline,
the Court requests that the County provide a declaration identifying the volume of
responsive documents and the efforts being undertaken to timely complete
production no later than **October 10, 2025**. The Court will review the declaration
and may schedule a brief informal discovery conference to consider the issue.